

## Filing at a Glance

Company: State Auto Property and Casualty Insurance Company

Product Name: Arkansas Personal Inland      SERFF Tr Num: STAT-125256498      State: Arkansas

Marine Forms

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-025764

Sub-TOI: 09.0006 Other Personal Inland

Co Tr Num: PC-PIM-2007-767

State Status:

Marine

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding

Authors: Doug Griffith, Terrie WrightDisposition Date: 08-14-2007

Date Submitted: 08-09-2007

Disposition Status: Approved

Effective Date Requested (New): 12-30-2007

Effective Date (New): 12-30-2007

Effective Date Requested (Renewal): 12-30-2007

Effective Date (Renewal):

## General Information

Project Name: Arkansas Personal Inland Marine Forms

Project Number: PC-PIM-2007-767

Reference Organization:

Reference Title:

Filing Status Changed: 08-14-2007

State Status Changed: 08-09-2007

Corresponding Filing Tracking Number:

Filing Description:

The State Auto Property & Casualty Insurance Company submits this filing of endorsement revisions to our Personal Inland Marine program, as detailed in Exhibit I, for your review.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The required Departmental Form and a copy of the endorsements are attached.

## Company and Contact

### Filing Contact Information

Doug Griffith, Supervisor, State Filings

doug.griffith@stateauto.com

518 E. Broad Street

(614) 917-5492 [Phone]

Columbus, OH 43215

(614) 887-1615[FAX]

### Filing Company Information

State Auto Property and Casualty Insurance  
Company

CoCode: 25127

State of Domicile: Iowa

1300 Woodland Ave

Group Code: 175

Company Type: Property and

Casualty

PO Box 66150

West Des Moines, IA 50265-0150

(614) 464-5000 ext. [Phone]

Group Name:

FEIN Number: 57-6010814

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$50.00	08-09-2007	15035681

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08-14-2007	08-14-2007

## **Disposition**

Disposition Date: 08-14-2007

Effective Date (New): 12-30-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exhibit I	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement	FI1015	(03/07)	Endorsement Replaced nt/Amendm ent/Condi tions	FI1015 (03/06)	0.00	FI1015 (03-07).pdf

## AMENDATORY ENDORSEMENT

The Policy Conditions applicable to State Automobile Mutual Insurance Company and authorized signatures are hereby deleted in their entirety and replaced with the following:

### POLICY CONDITIONS APPLICABLE TO STATE AUTOMOBILE MUTUAL INSURANCE COMPANY\*

#### \*DIVIDENDS

You are entitled to the proportionate part of any policyholder's dividend if declared by our Board of Directors in accordance with its Code of Regulations.

#### \*NON-ASSESSABLE

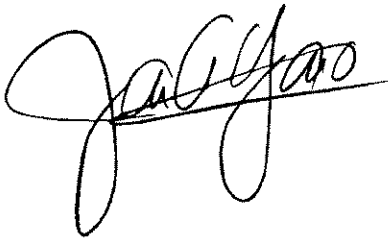
This policy is non-assessable and the insured shall not be liable for the payment of any assessment nor for the payment of any premium other than that stated in this policy.

#### \*NOTICE OF POLICYHOLDERS MEETING

While your policy is in force, you are one of our members and are entitled to one vote, in person or by proxy, at all meetings of the members. The annual meeting of the members is held at 9 o'clock A.M. Columbus time, on the first Friday of March of each year at our Home Office 518 East Broad Street, Columbus Ohio.

We have caused this policy to be signed by our authorized officers. The Company providing coverage is named on the Declarations.

Secretary



President



FI1015 (03/07)

\*//FI1015-200703



## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	08-14-2007
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**Comments:**

**Attachment:**

PC Transmittal Document.pdf

<b>Satisfied -Name:</b>	Exhibit I	<b>Review Status:</b> Approved	08-14-2007
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**Comments:**

Please see attached Exhibit I with the form listed.

**Attachment:**

Exhibit I.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
State Auto Insurance Companies	175

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
State Auto Property & Casualty Insurance Company	IA	25127	57-6010814

<b>5. Company Tracking Number</b>	PC-PIM-2007-767
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Doug Griffith, FLMI,ACS,ARC,ACP State Auto Insurance Companies 518 E. Broad st., Columbus, OH 43215	Supervisor, State Filings	614-917-5492	614-887-1615	doug.griffith@stateauto.com

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Doug Griffith

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	09.0 Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	09.0006 Other Personal Inland Marine
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Personal Inland Marine
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: <b>December 30, 2007</b> Renewal: <b>December 30, 2007</b>
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	<b>August 8, 2007</b>
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	PC-PIM-2007-767
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The State Auto Property & Casualty Insurance Company submits this filing of endorsement revisions to our Personal Inland Marine program, as detailed in Exhibit I, for your review.

The required Departmental Form and a copy of the endorsements are attached.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT</p> <p>Amount: \$50.00</p>	
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

## EXHIBIT I

### ARKANSAS INLAND MARINE EFFECTIVE DECEMBER 30, 2007

New Form Number & Edition Date	Present Form Number & Edition Date	Form Name & Description of Change	Replacement, Withdrawal Or Neither
FI1015 (03/07)	FI1015 (03/06)	<b>Amendatory Endorsement</b>  Form revised to provide the appropriate officer signatures.	R
N/A	ML2651 (11/06)	<b>Cancellation and Non-renewal Notice</b>	Discontinue